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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006289 (2)

1. Corporation Name

COOLIDGE - ORLANDO REALTY CORP.

Principal Place of Business

% ROBERT V. TIBURZI, JR.
455 CENTRAL PARK AVE.
SCARSDALE NY 10583

Mailing Address

% ROBERT V. TIBURZI, JR.
455 CENTRAL PARK AVE.
SCARSDALE NY 10583-1034



3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
TIBURZI, ROBERT V JR
STREET ADDRESS 455 CENTRAL PARK AVE.
CITY-ST-ZIP SCARSDALE NY 10583

TITLE ☐ DELETE

NAME VD
ROMITA, MICHAEL
STREET ADDRESS 455 CENTRAL PARK AVE.
CITY-ST-ZIP SCARSDALE NY 10583

TITLE ☐ DELETE

NAME V
MACKLOWE, HARRY
STREET ADDRESS 455 CENTRAL PARK AVE.
CITY-ST-ZIP SCARSDALE NY 10583

TITLE ☒ DELETE

NAME V
CARDINALI, ALBERT J
STREET ADDRESS 2 WORLD TRADE CENTER
CITY-ST-ZIP NEW YORK NY 10048

TITLE ☒ DELETE

NAME S
LESLIE, THOMAS M
STREET ADDRESS 50 MAIN ST.
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE ☒ DELETE

NAME ASD
STARK, MURRAY
STREET ADDRESS 455 CENTRAL PARK AVE.
CITY-ST-ZIP SCARSDALE NY 10583

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as indicated, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006385

CR2E034 (9/96)